

City of Worcester
Benefits FAQs
FY2022

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ENROLLMENT/ELIGIBILITY

Q. I'm a new employee, am I eligible for benefits?

A. If you are paying into the City's Retirement or Massachusetts Teachers' Retirement you are eligible upon your date of hire.

* WPS employees are required to bring a letter from Human Resources on Irving Street that states their date of hire and that they are eligible for benefits.

Q. I'm not a new employee, but I'm not currently enrolled. Can I enroll at any time?

A. No, there must be a Qualifying Event (QE) in order to enroll off the Open Enrollment period. If you experience a QE, you have 30-days to make a change. Qualifying Events:

- 1) Marriage of the subscriber
- 2) Birth, legal guardianship, or adoption of a dependent child
- 3) Involuntary loss of coverage

Q. I am currently enrolled; however I have an individual plan. I would like to add dependents to my plan. Can I do that at any time?

A. No, again you must experience a Qualifying Event or wait for the annual Open Enrollment. If you experience a QE, you have 30-days from the date of the QE to add a dependent.

Q. What do I need to provide in order to add dependents?

A. If you are adding a spouse, you will need to provide a marriage certificate.

If you are adding a child, you will need to provide a birth certificate (placement/adoption papers, guardianship papers).

If you are covering an ex-spouse, you will need a copy of the divorce decree.

****Dependents to age 26 will be eligible to continue on their parents' medical plans:**

- They don't have to be full-time students.
- They don't have to live at home.
- They can be married. Their spouse and/or children are not eligible for coverage.
- They must not be eligible for coverage by their employer.

****Dependents to age 26 will be eligible to continue on their parents' dental/vision plans:**

- They don't have to be full-time students.
- They don't have to live at home.
- They can't be married.

****DEPENDENTS OF DEPENDENTS ARE NOT ELIGIBLE FOR COVERAGE**

Q. Can I add my Domestic Partner to my plans?

A. No, in order to add a partner you must be married and provide proof of the marriage.

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CANCEL COVERAGE

- Q. I would like to cancel my coverage. When can I do that?
- A. Medical coverage can be cancelled at any time, however dental and vision can only be cancelled at Open Enrollment or by providing documentation of other coverage elsewhere.
- Q. I would like to cancel my coverage. When can I do that?
- A. Medical coverage can be cancelled at any time, however dental and vision can only be cancelled at Open Enrollment or by providing documentation of other coverage.
- Q. If I cancel, when can I re-enroll?
- A. You can re-enroll during the annual Open Enrollment or if you experience a Qualifying Event (QE), i.e. involuntary loss of coverage, marriage, birth, divorce.

NEW HIRE/NEW ENROLLEE

- Q. I was just hired. How long do I have to enroll in benefits?
- A. You have 30-days from your date of hire to enroll. Otherwise, you will have to wait until Open Enrollment or if you experience a Qualifying Event (QE).
- Q. I'm not enrolling in benefits, so I don't need to do anything?
- A. All employees are required to complete a City of Worcester Waiver Form within the first 30-days of hire. If you change your mind during the first 30-days you can complete a corrected Waiver form.
- Q. I'm enrolling in a family plan. What do I need to do?
- A. When enrolling family members, you must provide certain documents: a marriage certificate (not the church record), birth certificates (adoption papers, guardianship papers) along with the completed enrollment forms. You must also provide the SSN and PCP of all enrolling members
- Q. I received my first pay since enrolling in benefits. Why was so much deducted?
- A. The City of Worcester pays its' premiums a month in advance. So, anyone having deductions this week is paying for next month's premium. If you came in here on your date of hire and enrolled, you would be four weeks behind in premium. If your paperwork wasn't processed for another week, you would be five weeks in arrears.
- This amount is referred to as 'Med-owed' (medical owed, but would also include an amount for dental and/or vision) and until this amount has been satisfied, you will have double deductions from your pay for that many weeks.
- Q. I'm paying for the month before I was hired? Why? I couldn't use the services.
- A. Since we pay our premiums a month (4 weeks) in advance, you weren't covered the month prior to your hire date. That is when payment would have been due for your coverage to begin on your date of hire. When/if you leave the employment of the city, you will be covered 4 weeks beyond your last deduction.

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WORCESTER PUBLIC SCHOOLS

- Q. I'm a teacher, but I'm not paid through the summer (stretch pay). Will I have coverage during that period of time?
- A. Yes, however the deductions that won't be taken - due to no pay received - will accrue, and when you return in the fall you will have double deductions until the amount owed has been satisfied.
- Q. Can I pay for my premiums by check for that period of time when I won't be receiving a pay during the summer?
- A. No, your benefits are deducted pre-tax and must be processed through the Treasurer's Office.
- Q. Can I cancel my benefits for that period of time and then re-enroll when I return to work in the fall?
- A. You can cancel your medical, but would not be eligible to re-enroll in the fall because it is not a QE. You couldn't cancel your other benefits; they can only be canceled at OE.

LEAVE OF ABSENCE (MEDICAL, PERSONAL, MILITARY, WC)

- Q. I am going to be on a LOA, will I have the same coverage?
- A. Yes, unless you decide to cancel and notify us.
- Q. Will the premium change while I am on a LOA?
- A. If you are on an approved Medical LOA, your premiums will remain the same. If you are going to receive a pay, the normal weekly/bi-weekly deductions will continue. If you are not going to receive a pay, depending on the length of your leave, your status will change from Active to Billing and you will receive a monthly bill from the Treasurer's Office. When you return to work, you would notify this office and your status would be changed back to Active and the deductions would again be taken from your pay.

If you are on a Personal LOA, you will be responsible for 100% of the premium. Currently you are paying 25% of the premium and the City is paying the remaining 75% of the premium. Your status will be changed from Active to Billing and you will receive a monthly bill from the Treasurer's Office. When you return to work, you would notify this office and your status would be changed back to Active and the deductions would again be taken from your pay.

If you would like to cancel your coverage while you are on a Personal LOA, you would be eligible to re-enroll upon your return from your LOA. Again, the 30-day rule would apply.

If you are on a Military LOA for at least a year, you have a couple of choices. You can let your premiums accrue and have double deductions when you return or you can be billed monthly. Prior to your deployment you should contact our office and we can discuss this further with you.

If you are on Workers' Compensation and you are not receiving a regular pay as well, we will change your status from Active to Billing, and you will receive a monthly bill from the Treasurer's Office OR, you can sign an Authorization Form that will allow us to deduct your

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premiums from your Workers' Compensation check. Please contact this office upon your return, and we will make the adjustment for the deductions from your regular pay.

- Q. When I was receiving a pay I had deductions for Trustmark products (Universal Life, Short-term Disability, Long-term Disability, Critical Illness, Accident). What will happen with those plans?
- A. If you are not receiving a regular pay, so no longer having deductions, you should contact Trustmark at (800) 918-8877 and notify them of your current situation. They will explain your options while in a no-pay status.

COBRA CONTINUATION COVERAGE

- Q. I recently resigned from my position with the city. When does my coverage end?
- A. If you have had all the required (normal) deductions from your pay each pay period, you will be covered for four (4) weeks beyond your final deduction.
- Q. Is there a way that I can continue my current coverage, even though no longer employed by the City of Worcester?
- A. Yes, you would be eligible for COBRA.
- Q. What is COBRA?
- A. COBRA (Consolidated Omnibus Budget Reconciliation Act) requires continuation coverage to be offered to covered employees, their spouses, their former spouses, and their dependent children when group health coverage would otherwise be lost due to certain specific events. These events include the death of a covered employee, termination, or reduction in the hours of a covered employee's employment for reasons other than gross misconduct, divorce or legal separation from a covered employee, a covered employee's becoming entitled to Medicare, and a child's loss of dependent status (and therefore coverage) under the plan.
- Q. Is COBRA coverage automatic?
- A. No, however we will notify our consultant, Gallagher Benefit Insurance Services (GBIS) that you have experienced a Qualifying Event (QE) and they will send you the COBRA paperwork.
- Q. Are the premiums for COBRA continuation coverage the same as I was paying previously?
- A. No, through the group plan with the city you were paying 25% of the premium, and the city paid the remaining 75%. You will pay the entire (100%) of the COBRA premium and an additional 2% (administration fee), for a total of 102% of the premium.
- Q. How long will I be covered by the COBRA coverage?
- A. The maximum duration of coverage for the termination of employment is 18 months. However, if you are married and divorce your spouse, he/she would be covered for 36 months. The same maximum would hold for a child who loses dependent status.
- Q. I'm not sure if I want to enroll in COBRA right away. Is there an Open Enrollment period?
- A. Once you receive your COBRA letter and Election form from GBIS, you have 60-days from the date on the letter, or the date of your loss of coverage to elect COBRA. Once that 60-day window has passed, you will not be eligible to elect COBRA continuation coverage.

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- Q. What if I don't respond and then on the 59th day I sign the form and return it to GBS?
- A. You will be covered retroactive to the date of the loss of coverage and your premium (at 102%) will be calculated retroactive to that date.
- Q. Is there another option so that I'm not paying all of that in premium?
- A. You can 'waive' the coverage by notifying GBS that you don't want the coverage. If something happens (a medical emergency/catastrophe) after you've waived coverage, but within the 60-day window, you can contact GBS and elect COBRA continuation coverage. The effective date would be the day you notify them that you are now electing coverage. The premium would be calculated using that date, as opposed to the date of your loss of coverage.
- Q. I have a family plan. If I don't want to elect coverage, but someone on my plan would like to enroll. Is that possible?
- A. Yes, each of the Qualified Beneficiaries (QB) may independently elect COBRA continuation coverage.
- Q. Will I be required to make a payment when I elect the coverage?
- A. No, you cannot be required to send any payment with your election form. You can be required to make an initial premium payment within 45 days after the date of your COBRA election (the date you mail in your election form).
- Q. What if I can't make the payment in the time-frame required?
- A. Failure to make any payment within that period of time could cause you to lose all COBRA rights. The plan can set premium due dates, but it must allow a 30-day grace period.

LIFE INSURANCE

- Q. Can I enroll in Unum life insurance at any time?
- A. No. Enrollment is available for new employees, within 30 days from their date of hire and at the annual Open Enrollment.
- Q. Is enrollment automatic?
- A. No, you must complete paperwork in order to have coverage.
- Q. Is everyone eligible for enrollment in Unum life insurance?
- A. No. This is for active, benefits eligible employees only.
- Q. What plans are offered?
- A. (1) The Basic life insurance plan:
- Group life and accidental death & dismemberment policy
 - \$5,000 worth of coverage
 - City pays 50% of the premium.
 - Employee pays \$6.48/month
 - Only 'benefits eligible' can enroll
 - Effective 1st of the month following date of hire
 - No cash-surrender value

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- Terminates at death, or upon member's voluntary cancellation
- (2) The Optional life insurance plan:
 - Group life and accidental death & dismemberment policy
 - Coverage in \$10,000 benefit units
 - Maximum benefit is the lesser of 3x annual salary or \$500,000
 - Evidence of Insurability (E of I) required for any amount over \$205,000 (includes basic benefits)
 - Terminates at death, or upon member's voluntary cancellation
- (3) Spouse coverage:
 - Group life
 - Coverage in \$5,000 benefit units
 - Maximum benefit is \$100,000 or no more than 50% of member's coverage amount
 - Evidence of Insurability required for any amount over \$20,000
- (4) Child coverage:
 - Group life
 - \$5,000 benefit
 - \$.95 no matter the number of children covered
 - Live birth to age 19 or 25 if FT student

Q. When are the premiums deducted from my pay?

A. Deductions are monthly.

Q. I want the Optional only. Do I have to enroll in the Basic?

A. You must enroll in the Basic in order to be eligible to enroll in Optional, Spouse or Child coverage. Without the Basic plan you are not eligible for the others.

Q. I have become disabled. How can I apply for the Waiver of Premium?

A. If someone is disabled for 9 months, they can apply for Waiver of Premium. Then, if approved, their life insurance premium will be waived. See Unum Certificate of Coverage for more details.

TRUSTMARK/MASSACHUSETTS MUNICIPAL INSURANCE PROGRAM

VOLUNTARY PRODUCTS

Q. Does the city offer any other life insurance plans?

A. Yes. The city also offers **voluntary products** from Trustmark Insurance Company. We have Universal Life (UL), Short-term Disability (STD), Long-term Disability (LTD), Critical Illness (CI), and Accident Insurance.

Q. Can anyone enroll?

A. No, only those employees who are benefits eligible.

Q. Can you enroll me in one of those plans?

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- A. No, only the enroller from Trustmark can do that. These products are customized to your individual needs, so you must speak to an enroller.
- Q. When can I enroll?
- A. These products are available to new employees, within 30-days of their date of hire, and during the annual Open Enrollment.
- Q. How often are the premiums deducted?
- A. The deductions are every pay period (i.e. weekly, bi-weekly, and semi)
- Q. What if I decide that I no longer want the coverage. Can I cancel at any time?
- A. Cancellation depends on the product. UL can be cancelled at any time. The others can only be cancelled at Open Enrollment or upon your retirement.
- Q. Is there someone who I can contact to discuss enrolling during the allowed times mentioned above?
- A. You can contact someone at Trustmark (MMIP) – 800-445-4493 x142.

CAFETERIA PLAN ADVISORS – FLEXIBLE SPENDING ACCOUNTS

- Q. What is the Medical Flexible Spending Account?
- A. The city's plan allows you to set aside up to \$2,700 pre-tax from your paycheck to pay for expenses not covered by insurance.
- Q. How does it work?
- A. You determine an annual amount that you would spend on co-pays, dental work, eyeglasses, chiropractor, etc., and that amount is divided by your number of pay periods per year, and deducted each pay period.
- Q. How are the savings realized?
- A. The deducted amount is pre-tax, so the amount of federal, state and social security taxes that you pay will be less.
- Q. How do I pay for the service?
- A. Prior to July 1 (the effective date of the plan) you will receive a Benny® Card. It resembles a credit card and will be pre-loaded with the amount that you chose to contribute.
- Q. What if I have a \$50 service performed, but I haven't yet contributed that amount?
- A. As soon as you've had one deduction you can begin 'swiping' the Benny® card, and it will cover the expense. It will not, however, ever exceed the amount that you've determined to contribute for the year.
- Q. I won't need to file paper claims?

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- A. Only if the service provider does not have the equipment necessary to accept a credit card payment.
- Q. Can I enroll at any time?
- A. Enrollment is similar to the other Voluntary Products mentioned above. New hires have 30 days from their date of hire, or anyone benefits eligible can enroll at the annual Open Enrollment, AND if you experience a Qualifying Event (as defined by the IRS).
- Q. Can I cancel at any time?
- A. No, you can only cancel at Open Enrollment.
- Q. How am I reimbursed for paper claims that I submit?
- A. When you complete the enrollment form, you will indicate the method preferred. You can have it deposited directly into your checking account or it can be mailed to you.
- Q. Once I've enrolled, I will automatically be re-enrolled each year?
- A. No, you must re-enroll each year. It is not automatic.
- Q. When I re-enroll I will receive a new Benny® card?
- A. No, you must keep the original card and if you re-enroll, the amount you chose will once again be pre-loaded onto the card effective July 1. You will be charged a fee for a replacement card.
- Q. What is the Dependent Care Flexible Spending Account?
- A. This is for people who have children in daycare or parents that require elder care. IRS allows you to set aside up to \$5,000 pre-tax from your paycheck to pay for these expenses.
- Q. Is it handled the same as the Medical Flexible Spending Account?
- A. Yes, as far as selection of an amount and the deductions each pay period. However, reimbursement is not the same. A Dependent care account is usually paid on an automatic basis after completion of a Dependent Care Certification Form.
- Q. What is the Transportation Benefit Plan?
- A. This allows you to pay for daily or monthly parking expense incurred for parking at or near your work, or to pay for your mass transit expenses related to your commute to work.
- Q. Will I receive a Benny® card for payment of services?
- A. No, you must submit paper claims. The Benny® card is only for Medical Spending.
- Q. Will I be reimbursed in the same manner as the Medical Flexible Spending Account?
- A. No, the reimbursement for the Transportation Benefit operates in the same manner as the Dependent Care Account. If you submit a claim that exceeds the amount that has been deducted from your pay, you will only receive that amount of your contribution.
- Q. Who can I talk with about these plans?
- A. Contact Cafeteria Plan Advisors – (781) 848-9848

RETIREMENT

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- Q. I am planning on retiring. What should I do?
- A. Prior to someone retiring (from COW or WPS), they are required to complete an Intention to Retire form (ITR), which indicates what benefits they want to continue through their retirement.
- Q. I don't want to change anything. Do I still have to complete that form?
- A. Yes, everyone must complete the form.
- Q. Are all of the benefits currently offered available through retirement?
- A. No, there are a few exceptions for continuing coverage. Everything can be continued, with deductions from their retirement check, EXCEPT...
- UL – Trustmark will bill you directly
- STD & LTD – these plans will terminate
- CPA – this plan terminates upon retirement, so you must deplete your account (whatever you have remaining of YOUR contributions, not necessarily the amount you selected when you enrolled) prior to your date of retirement or you will lose the balance.
- Q. I'm not sure when I'll receive my first retirement check. Will this cause a lapse in my coverage?
- A. No. If you aren't going to receive a COW retirement check immediately, we will send you a manual bill for the premium that you owe. If you aren't going to receive a MTRS retirement check immediately, MTRS will be notified and the premium payment(s) missed will be deducted from your first retirement check.
- Q. I'm over 65 and retiring. Does this affect my retirement?
- A. If the member or spouse/dependent is 65 and eligible for free Medicare Part A, state law requires that you must enroll in Medicare Part B and select one of the city's Medicare Supplement plans.
- Q. Can I change my health plan when I retire?
- A. No, you can only make changes at the annual OE, unless you are moving out of the service area of your current plan.

DIVORCE/LEGAL SEPARATION/REMARRIAGE

- Q. I am in the process of a divorce and I provide coverage to my spouse. Can I continue to cover her once the divorce is final?
- A. In accordance with state laws (MGL 176B, Sec. 6B), unless the divorce decree states that you are required to cover your former spouse, you cannot provide coverage once you are divorced. The former spouse could then elect COBRA coverage or if a Massachusetts resident, they may purchase health insurance from the Massachusetts Health Connector (1-877-623-6765).
- Q. My divorce decree states that I must maintain coverage for my ex-spouse. How long is she eligible to remain on my plan?
- A. You must provide a copy of the divorce decree that indicates the "divorce absolute" date (the date your divorce became final), the health insurance provisions, and the signature pages. An ex-spouse will then be eligible to continue on the member's plan until either one of you remarry.*

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*Should you, as the active employee or retiree, pass away while still providing coverage for an ex-spouse, the ‘surviving spouse’ will no longer be eligible for coverage. COBRA continuation coverage would be offered.

- Q. I am remarrying, but my divorce decree states that I must continue to cover my ex-spouse. Can I cover both of them on my family plan?
- A. No, the former spouse would then have a “COBRA-like” plan. This means that the city would not contribute toward the premium for that plan. You would be responsible for 100% of the premium and would be billed for the monthly premium. This is true even if your new spouse does not need City of Worcester health coverage. Failure to report a remarriage in a timely manner may result in financial liabilities.

DEPENDENTS AGE 19 - 26

As part of the Patient Protection and Affordable Care Act (federal health reform), coverage for most dependent children has been extended to the age of 26 effective July 1, 2011.

- Q. Who qualifies as a dependent under the Patient Protection and Affordable Care Act (PPACA)?
- A. The definition of a dependent under federal health reform is a son, daughter, stepson, stepdaughter, adopted child, or eligible foster child. To be eligible for coverage as a foster child, the child must be placed by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction.
- Q. How can I enroll my dependent age 19 – 26 in coverage?
- A. You can only enroll them during Open Enrollment, unless there is a QE. (Medicare plans are not eligible).
- Q. What documentation must I submit with my dependent’s application/enrollment form?
- A. In order to enroll a dependent you must include the following:
- ≈ Children/stepchildren: photocopy of birth certificate showing parent-child relationship of insured or insured’s spouse
 - ≈ Adopted children: photocopy of proof of placement letter of adoption
 - ≈ Foster child: photocopy of proof of placement letter or court order
 - ≈ Guardianship: court documents indicating permanent/temporary dates

DISABLED DEPENDENTS

- Q. I have a child who is disabled. Can he/she be covered after the 26th birthday?
- A. The guidelines for continuing coverage for dependent children/dependents are:
If a dependent child is mentally or physically handicapped when he or she reaches the age limit for dependent children, and is not capable of earning his or her own living, the child can continue to be covered under the family contract. The subscriber must apply within 30 days of the last day of the month in which he/she reaches age 26. As such, the subscriber must provide the health

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carrier with any medical or other information that may be required to determine if the child is eligible to continue coverage under the family coverage.

Once approved, the dependent is eligible to continue coverage as a “disabled dependent” provided the following is adhered to:

- For temporarily disabled dependents, quarterly reporting will be required by the City of Worcester from the health carrier for verification.
- For permanently disabled dependents, annual reporting will be required by the City of Worcester from the health carrier for verification.

The “disabled dependent’s” membership may end when:

- Parent/employee/retiree becomes Medicare eligible
- Subscriber’s death

For more information, please contact the HR/Benefits Office.

TURNING 65 – MEDICARE ELIGIBILITY

Q. What is Medicare?

A. Medicare is a federal health insurance program for retirees age 65 or older and certain disabled people. Medicare Part A covers inpatient hospital care, some skilled nursing facility care and hospice care. Medicare Part B covers physician care, diagnostic x-rays, lab tests and durable medical equipment.

Q. I’m turning 65, what do I need to do?

A. You will receive a letter from this office approximately 3 months prior to your 65th birthday. Included with that letter is a form that you must take to your local Social Security Office for completion. If eligible for Medicare Part A Free and if you are retired, state law requires that you enroll in Medicare Part B to continue coverage with the City of Worcester, and you must choose one of the city’s Medicare Supplement plans.

Q. I’m retired, but not age 65. My spouse is turning age 65; what should my spouse do?

A. If you haven’t received the letter from this office, your spouse should call or visit your local Social Security Office for confirmation of Social Security and Medicare eligibility. If eligible, he/she must enroll in Medicare Part A and Part B to continue coverage with the City of Worcester.

Q. What is the cost of Medicare Part B?

A. The premium is set by the Centers for Medicare and Medicaid Services (CMS). Contact them or your local Social Security office for the current premium cost.

Q. When must I enroll in Medicare Part A and B?

A. When you or your spouse turns 65, and if you (the insured) are retired, you must enroll in Medicare Part A and Part B. If you (the insured) continue working for the state or a participating municipality after age 65, you and/or your spouse must enroll in Medicare Part A. (Different rules apply to same sex spouse; see below for details). When you retire, you and/or your spouse must enroll in Medicare Part B and join a Medicare plan sponsored by the City of Worcester.

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If you do not enroll in Medicare Part B within the required time, you will be required to pay federal government penalties. Also, you will be ineligible for health coverage through the City of Worcester if you do not enroll in Part B within the required time.

- Q. Should I choose only Medicare for health care coverage?
- A. “Medicare only” coverage is not recommended as it has coverage limitations. To ensure comprehensive coverage, Medicare retirees should enroll in a Medicare health plan sponsored by the City of Worcester as a supplement to their Medicare coverage.
- Q. What are the consequences if I cancel or do not pay Medicare Part B?
- A. If you cancel or do not pay Medicare Part B, the City of Worcester is required to terminate your City of Worcester health coverage. This would mean that you would only have Medicare Part A coverage for inpatient hospital care. You would no longer have coverage for:
- ≈ Physician office visits
 - ≈ Prescription drugs
 - ≈ Outpatient mental health/substance abuse care
 - ≈ Outpatient surgery
 - ≈ X-rays and diagnostic tests
 - ≈ Hearing aids
- Q. What documents must I provide to the City of Worcester when I am retired and age 65 or over?
- A. If you and/or your spouse are on Medicare, we will need the following documentation:
- ≈ Photocopy of your Medicare Card (include spouse’s card if applicable)
- If you and/or your spouse are over age 65 and **not eligible** for Medicare we will need the following:
- ≈ Document from Social Security stating that you or your spouse are not eligible for Medicare Part A for free
- Q. If I enroll in a City of Worcester Medicare supplemental plan, what happens to my spouse’s coverage?
- A. Your spouse will continue to be covered under your existing non-Medicare plan if he/she is under age 65 until he/she becomes eligible for Medicare.
- Q. I have a same sex spouse who has coverage through the City of Worcester. My same sex spouse is turning age 65. What does he/she need to do?
- A. Regardless of whether you (the insured) are retired, to avoid any federal government enrollment penalties, your same sex spouse should enroll in Medicare Part A and Part B if he/she is eligible for Medicare Part A for free. Your same sex spouse will continue to be covered under your non-Medicare health plan until you (the insured) retire. They must also continue to pay the Part B premiums.
- Q. At age 65 my spouse or I were not eligible for Medicare Part A for free. I (or my spouse) have subsequently become eligible for Medicare Part A. What do we need to do?

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- A. You or your spouse must notify the City of Worcester when you become eligible for Medicare Part A. The City of Worcester will notify you of your coverage options. Failure to do this may result in loss of City of Worcester coverage.
- Q. I am retired with City of Worcester health insurance, but I am working elsewhere. Do I need to enroll in Medicare Part A and Part B if I am age 65 or over and eligible?
- A. Yes. Because you have health insurance through the City of Worcester as a retiree, you will be enrolling in a City of Worcester supplemental Medicare plan to continue coverage. See above for required documentation.
- Q. I am a retiree. Should I enroll in Medicare Part D?
- A. For most City of Worcester Medicare enrollees, the drug coverage you currently have through your City of Worcester health plan is a better value than the Medicare drug plans being offered. Therefore, you should not enroll in a Medicare Part D drug plan. If you do, CMS will cancel the prescription plan that you currently have with the City of Worcester. You cannot have two Medicare Part D prescription plans.

If you have limited income and assets, the Social Security Administration offers help paying for Medicare prescription drug coverage and this may be the one case where signing up for a Medicare Part D plan may work for you. Contact the Social Security Administration for details about their “Extra Help” program.

SURVIVING SPOUSES/DEPENDENTS

- Q. If I die, is my surviving spouse (and dependents) eligible for City of Worcester health insurance?
- A. If you (active employee or retiree) have coverage through the City of Worcester at the time of your death and your surviving spouse is covered, your surviving spouse is eligible for City of Worcester health insurance coverage until he/she remarries or dies regardless of your retirement benefit option.
- If you (active employee or retiree) have coverage through the City of Worcester at the time of your death and your surviving spouse does not, provided your retirement option allows for him/her to receive a monthly benefit – he/she would be eligible to add coverage during Open Enrollment. Again, he/she would lose this coverage when he/she remarries or dies.
- Q. I am a surviving spouse of retiree and I will be turning age 65. What do I need to do?
- A. When you are age 65, visit your local Social Security Administration office to see if you are eligible for Medicare Part A for free. If you are eligible, you must enroll. If you are retired or not working, you must also enroll in Medicare Part B and then enroll in a Medicare Supplement plan through the City of Worcester. The City of Worcester will inform you of your options.
- Q. I am a surviving spouse who was covered through my spouse’s City of Worcester health insurance coverage. When does my coverage end?
- A. Survivor health insurance coverage ends when you stop paying premium payments, remarry, or die, whichever occurs first.

City of Worcester

Benefits FAQs

FY2022

- Q. I am a survivor who is remarrying. What happens to my City of Worcester coverage?
- A. Your coverage as a survivor ends upon the date of your marriage. You are eligible to continue your coverage under COBRA for up to 36 months or to convert to non-group coverage with your health plan. Alternately, if you are a Massachusetts resident, you may purchase health insurance directly from the Massachusetts Health Connector (1-877-623-6765).
- ** Surviving spouses who are ex-spouses (divorced prior to the death of employee/retiree), are only eligible for COBRA continuation coverage.